



## ***CANCELLATION OF ASSUMED BUSINESS NAME***

**State of Indiana, County of DeKalb**

Recording Fees \$25.00

**Name of Business:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**Document number of original filing:** \_\_\_\_\_

**Document Number:** \_\_\_\_\_

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### ***SECTION TO BE COMPLETED IN THE PRESENCE OF NOTARY PUBLIC***

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

\_\_\_\_\_  
**MEMBER'S SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**CAPACITY**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**County of Residence**

**My Commission Expires:** \_\_\_\_\_

**Filed on** \_\_\_\_\_, **DeKalb County Recorder**

*Prepared by and "I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the document, unless required by law."* \_\_\_\_\_